

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Mark A. O'Vall
Full Address 1566 Mantachie Creek Rd, Mantachie, MS
Telephone (662) 231-9898 (Fax) _____
E-mail mdovall@house.ms.gov
Office Sought State Representative Dist 19 Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$1,850.00 \$636.50	\$2,486.50	\$2,486.50
Total amount of disbursements	\$705.00 \$492.31	\$1,197.31	\$1,197.31
Total amount of cash on hand		\$+1,016.49	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mark O'Vall
Signature of Candidate

Jan 28th, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) eL seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Mark A. D. Vall Page 1 of 1
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	<u>Don Collier</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4463 Hwy 178</u>	<u>4/4/09</u>	\$ <u>300.00</u>
City, State, Zip Code	<u>Fulton, MS 38843</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>plagues for seniors</u>	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name	<u>Urban Radio Group</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>K2103 Wizard 106.7</u>	<u>12/11/09</u>	\$ <u>405.00</u>
City, State, Zip Code	<u>Tupelo, MS 38801</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>radio ads 4 Christmas</u>	Aggregate Year-to-date	\$ <u>405.00</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee Mark A. O-Vall Page 1 of 2
 Reporting period Jan 1, 2009 through Dec 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Coalition for Progress</u>		<u>216109</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 13469</u>		__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Co.</u>		<u>2129109</u>	\$ <u>500.00</u>
Mailing Address <u>One Busch Place</u>		__/__/__	\$
City, State, Zip Code <u>St. Louis, MO 36118</u>		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power PAC</u>		<u>9124109</u>	\$ <u>250.00</u>
Mailing Address <u>2992 West Beach Blvd.</u>		__/__/__	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astra Zeneca Pharm.</u>		<u>1217109</u>	\$ <u>350.00</u>
Mailing Address <u>7516 Jeanette St.</u>		__/__/__	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee

Mark A. Duvall

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Reporting period Jan 1st, 2009 through Dec 31st, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MS PAC		12/7/09	\$ 500.00
Mailing Address		1/1/	\$
175 East Capitol St Suite 702		1/1/	\$
City, State, Zip Code		1/1/	\$
Jackson MS 39201		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$